

(Attach additional sheets if necessary.)



NAME_VALERIE M. ROSALIN,RN MAILING ADDRESS _2825 AUTUMN HAZE LANE CITY, STATE, ZIP _LAS VEGAS, NV 89117			LENGTH OF RESIDENCE IN NEVADA 17 YR. 10 MO, LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE [per NRS 281.571(1)(a)] E-MAIL vrosalin@govcha.state.nv.us													
									TELEPHONE 702-254-5113		E-M	AIL <u>vrosalin@gc</u>	ovcna.state.nv.us	j		
									List all public offices for which this financi	al disclosure sta	atement is	required [NRS 2	81.571, Subsection ANNUAL all elected and appointed public officers (no later than Jan. 15	(no later than the 10th day after the last day	to fill un of an appoi	DINTMENT nexpired term elected or inted public officer
Public Office	Elected (E) or	Annual	Term or	each year) NRS 281.559(1)(b)	candidate) NRS 281.561(1)(a)	•	in 30 days) NRS 1.559(1)(a)									
DIRECTOR, GOVERNOR'S OFFICE, CHA		ompensation 102,950.40	Date Appointed 2001	281.561(1)(b)												
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Consolidated Mortgage /Desert REIT						Self	Household Member									
List each creditor to whom you or a mem or deed of trust on real property which is vehicle for personal use was retained by	not required to I	be listed b	elow, and (2) de	- , , ,		-										
·						Self	Househol Member									
NONE						✓										
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